

FORM B BUILDING

MASSACHUSETTS HISTORICAL COMMISSION
MASSACHUSETTS ARCHIVES BUILDING
220 MORRISSEY BOULEVARD
BOSTON, MASSACHUSETTS 02125

Assessor's Number USGS Quad Area(s) Form Number

43-107-Z1

Salem

BEV. 1124 -
1128

Photograph



Photo 1. View from entrance drive to 1907:
Administration Bldg, center; West Pavilion, left; roof of
East Pavilion, right

Locus Map (north at top)



Recorded by: Pamela Hartford and Wendy Frontiero

Organization: Beverly Historic District Commission

Date: September 2016

Town/City: Beverly

Place: North Beverly

Address: 85 Herrick Street

Historic Name: Beverly Hospital 1907 Complex

Uses: Present: Hospital

Original: Hospital

Date of Construction: 1907-1912

Source: Department of Public Safety Records

Style/Form: Classical Revival

Architect/Builder: Edward F. Stevens
(Kendall Taylor Stevens)

Exterior Material:

Foundation: stone

Wall/Trim: Brick/Wood

Roof: Slate, asphalt tiles

Outbuildings/Secondary Structures:
N/A

Major Alterations *(with dates):*

Power plant in front of East Connector – 1968-1971

Condition: Good

Moved: no **yes** **Date:**

Acreage: 10.55 (entire hospital complex)

Setting: Historic group sits on a high elevation in North Beverly facing expansive views to west and south; with contemporary hospital campus to north and east. Site is self-contained and removed from Beverly urban context.

INVENTORY FORM B CONTINUATION SHEET

BEVERLY

85 HERRICK STREET

MASSACHUSETTS HISTORICAL COMMISSION

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Area(s) Form No.

BEV.1124-1128

ARCHITECTURAL DESCRIPTION:

Describe architectural features. Evaluate the characteristics of this building in terms of other buildings within the community.

The full Beverly Hospital campus includes over a dozen buildings of varying size, scale, materials, and style, from the early 20th century through early 21st century, on a 23-acre parcel. Situated on a high knoll with expansive views to the east, south and west, the hospital property is centrally located along Brimbal Avenue at the intersection of Herrick Road and Heather Street. The hospital campus has developed incrementally through additions and expansions, creating a large and irregular conglomeration. Vehicle circulation is concentrated along the main entrance drive that enters from Heather Street and follows the southern edge of the complex. Open parking areas have been added to the southeast of the drive.

Standing intact, occupying a prominent location at the entrance to the complex, and presenting the only distinctive historic architecture on the site are the Administration Building (1907) and West Pavilion (1907). A third intact building, the East Pavilion (1907), is surrounded by modern intrusions. Two connectors join the three larger buildings. Representing the initial core of Beverly Hospital's campus, these brick buildings are significant as survivors of the early 20th century approach to hospital design. The Administration Building in particular is an intact example of the Classical Revival style, which was employed to link the newly developed typology of the hospital building to other important civic institutions, such as banks and town halls.

The site was chosen in 1906 for its proximity to Beverly's expanding business, industrial and residential centers, but also for its physical separation from them by virtue of the site's elevation. The long, narrow brick buildings, connected by corridors, are cohesive in massing, materials, and style, but are sited independently from one another, each with its own orientation out to south and southwestern exposures. Positioned to take full advantage of the geography and climate, the distinct orientation specifically allows maximum independent air circulation and full light exposure for each building, demonstrating early twentieth century approaches to addressing contagious diseases. (Figure 1, 2)

The 1907 complex consists of three large rectangular buildings (the Administration Building, West Pavilion, and East Pavilion) arranged in a fan shape, connected by small two-story structures, the West Connecting Corridor (1907) and East Connecting Corridor (1907). The three main buildings are all of brick with slate roofs, share the same footprint dimensions, and have eight window bays on each side elevation, although the placement of the bays differs slightly on each building. None of the windows have exterior trim, although the West Corridor and Administration Building have limestone sills and the East Corridor has brick sills. The long narrow footprint, combined with the prevalence of triple-hung sash windows, indicate the extent to which interest in maximizing daylight within the interiors influenced design. For all these buildings, what is described below as a triple sash window reflects the original intent; all triple-hung sash windows currently are altered by replacement within the original opening with double-hung sash windows, with the uppermost sash closed off with a solid panel.

The Administration Building is a three-story building with a raised basement, four chimneys and a cupola with a copper roof. The facade has a front gable roof, distinguished by a three-story columned and pedimented portico, with block modillions framing the pediment as well as the eaves. Corinthian motifs are applied to the columns, and the Beverly Hospital insignia is centered within the pediment. Second story windows are triple-hung sash, while third story windows are square shaped. (Photo 2) A set of limestone steps with painted wood rails and spindles leads to a broad porch and a front door with leaded-glass sidelights and a fanlight above. A pair of triple-hung sash windows flanks the front door. A broad balcony on the second story extends to the columns, with an iron railing between each of the columns. Three window bays on the second and third stories align symmetrically with the first floor door and windows. The first floor windows on the side elevations contain two-story double hung sash, with triple-hung sash windows on the second story, and small double-hung sash hung windows on the third floor. All windows have limestone sills. First and second story windows have flared gauged lintels. A limestone stringcourse divides the basement from the first story.

The West Pavilion is two stories high with a hipped roof and two ventilator cupolas. It features a one-story, full-length verandah with Tuscan columns and a low balustrade with shaped spindles. The balustrade is repeated above on the second floor balcony. The second floor windows on the front elevation feature four contiguous triple-hung sash. On the first floor, a wood porch entrance has been added to the west side of the building, covering the original windows that appear to have been arrayed identically to the second floor. The window openings on the side elevations are all triple-hung sash, and the first story windows have flared gauge lintels.

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The two-story West Connecting Corridor between the Administration Building and the West Pavilion originally had a columned "airing balcony" on the second floor. Four of the five openings between the columns have been enclosed with wood panels and casement windows. The fifth opening, adjacent to the Administration Building, has been closed off entirely, although the original iron railing between columns remains. The first story has a stucco exterior, two double-hung sash windows, and a door with a 6-light window above it and wood trim. A wood water table extends above the brick-veneered foundation. (Photo 3) The West Connecting Corridor roof is flat.

The flat-roofed East Connecting Corridor is two stories high, clad in brick, and has a raised basement aligned with the Administration building. Three pairs of small, square double hung sash are visible on each of the stories.

The East Pavilion has been subsumed by the addition of a power plant between it and the Administration Building; it is further hidden from view by the facade of a modern delivery truck facility. (Photo 4) The East Pavilion is two stories high with a raised basement and a hipped roof. Two chimneys flank a solid brick extrusion on the front elevation – enclosing what had been two projecting balconies. The side elevation windows are all modified triple-hung windows on its two stories.

HISTORICAL NARRATIVE

Discuss the history of the building. Explain its associations with local (or state) history. Include uses of the building, and the role(s) the owners/occupants played within the community.

Beverly's first hospital was established downtown by Dr. Samuel Torrey in 1880 in the Capt. Pyam Levett Establishment, 55 Cabot Street (1821, BEV.328, BEV.J NRIND Fish Flake Hill Historic District). The rapid growth of Beverly's population in the late nineteenth century, driven substantially by the construction of the United Shoe Manufacturing Company, rendered this small facility inadequate by the turn of the 20th century. Additionally, advances in medical science and technology were increasingly reflected in the design of dedicated hospital buildings. Dr. Torrey and his board of directors raised funds to purchase land and build a state-of-the-art hospital facility that could accommodate more patients, as well as address one of the most challenging and incurable medical conditions that had long afflicted New Englanders— tuberculosis, known at the time as consumption.

In 1906, the Board of Directors purchased a 10.55 acre hilltop property from the heirs of Benjamin W. Standley (1826-1898), a farmer who lived with his family on Cabot Street at Gloucester Crossing. The parcel was bounded by Herrick Street on the northwest and Heather Street on the southwest. To the east and south were the large holdings of the Montserrat Syndicate, which extended south to Prospect Hill and were owned primarily by Salem merchant Henry F. Peabody. The farmland property commanded views of the Bass River and across North Beverly to Danvers.

The new hospital buildings were designed by Edward F. Stevens (1890-1946), who in 1907 was a partner in the Boston-based firm of Kendall Taylor & Stevens. Stevens developed a specialty in hospital design, traveling to Europe to study the most advanced hospital buildings, and supporting through design the latest developments in surgery, hygiene, and patient care. He shared his expertise in the increasingly specialized field of hospital architecture by publishing regularly on the subject, often presenting papers to the American Medical Association and the American Hospital Association. Stevens designed hospitals across the country and in Canada. Hospitals designed in Massachusetts designed by Stevens include the Benjamin Stickney Cable Memorial Hospital in Ipswich (1918; IPS.629; NRIND 5/10/1990) and the Lawrence Memorial Hospital in Medford (1922, MDF.1126).

Stevens' plan for the Beverly Hospital campus featured seven buildings. Four of these were linked by connecting corridors: the Operating Building (not extant), the West Pavilion, East Pavilion, and Administration Building. The free-standing buildings in this plan included a small Nurses Home near the entrance (not extant), a Power and Laundry Building directly behind (northwest of) the Administration Building (not extant), and a Laundry Yard. (Figure 2). In his plan, Stevens indicates that the East Pavilion would be built at some future time, but the board was apparently successful enough at fundraising that the entire hospital campus was built within a year of the property purchase. (Figure 3)

A distinguishing characteristic of all the buildings is the emphasis on natural light. All windows are large, many triple-height, and extending in some cases to the floor. Stevens believed that patients should be able to see outside even while lying prone. Each of the Pavilions, which were ward buildings for men, women, and children, had "airing balconies" facing south and southwest, taking advantage of the prevailing winds that arrived untainted by the smokestacks of the manufacturing centers below and

Continuation sheet 4

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downwind from the hospital site. The West Connecting Corridor had airing balconies along the second story, and airing balconies were also built at grade on the south elevation of the West Pavilion.

In addition to its imposing front entrance, the Administration Building had an entrance portico and a one-story, angled bay window on the first floor of the south elevation, which were lost when the two-story East Connecting Corridor went up. (Figure 5)

A Nurses Dormitory, also designed by Stevens as part of the long-range campus plan, was built in 1911. This U-shaped building was placed north of the hospital facility. (Figure 7)

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DATA SHEET

MHC#	Parcel ID	Street Address	Historic Name	Date	Style
BEV.1124	43-107-Z1	85 Herrick St	Administration Building	1907	Classical Revival
BEV.1125	43-107-Z1	85 Herrick St	East Pavilion	1907	Classical Revival
BEV.1126	43-107-Z1	85 Herrick St	West Pavilion	1907	Classical Revival
BEV.1127	43-107-Z1	85 Herrick St	East Connecting Corridor	1907	Classical Revival
BEV.1128	43-107-Z1	85 Herrick St	West Connecting Corridor	1907	Classical Revival

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SKETCH MAP (north at top)



Source: Bing Maps, Birds eye view, 2016.

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SUPPLEMENTAL IMAGES



Photo 2. Administration Building, looking east



Photo 3. West Pavilion, looking north.



Photo 4. West Corridor Connector between West Pavilion and Administration Building, looking northeast.



Photo 5. East Pavilion, right; delivery bays, center, power plant behind bays, East Connector Corridor behind power plant; looking east.

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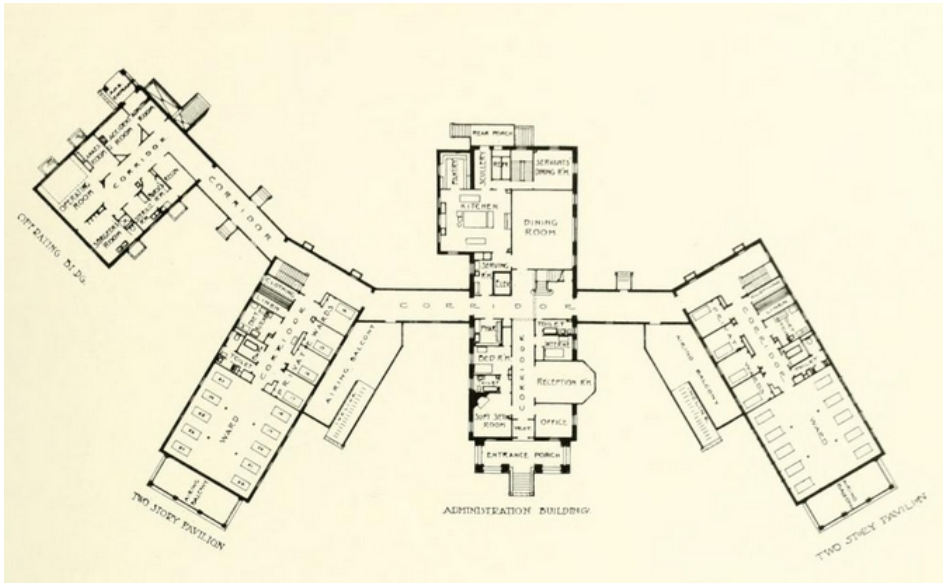


Figure 1. First floor plan. Left to right: Operating Building (not extant), West Pavillion, Administration Building, East Pavillion with connecting corridors. Airing balconies adjacent to corridors on West and East Pavillions. (Source: Stevens, 1912.)

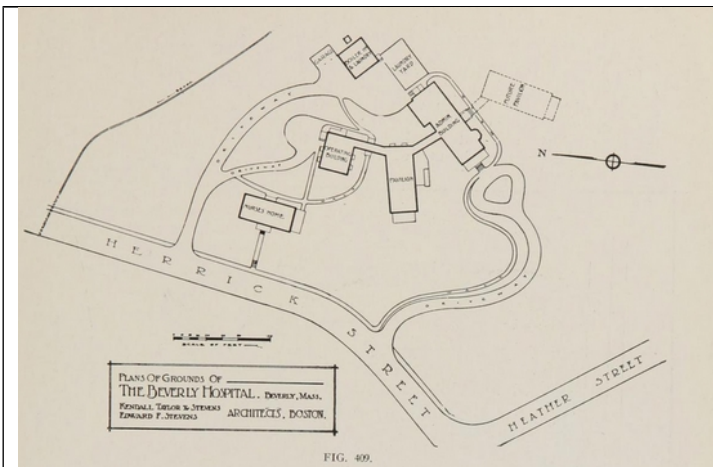


Figure 2. Campus plan by Stevens, 1906. (Stevens, 1918).

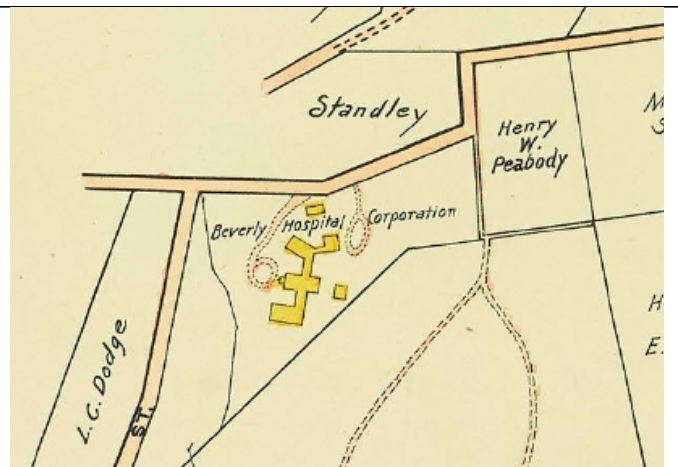


Figure 3. 1907 map of Beverly, showing extent of original hospital campus

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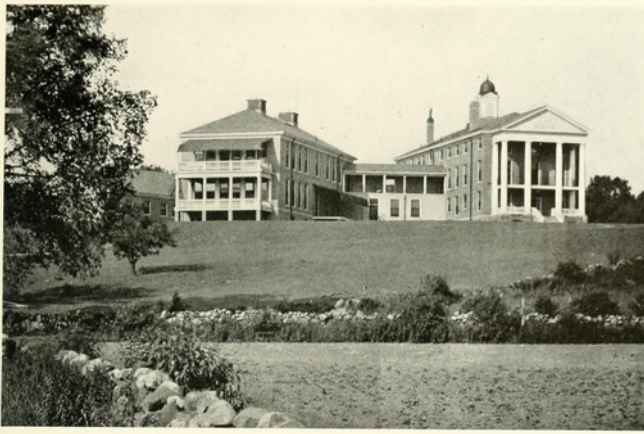


Figure 4. 1907 view. Note original open balcony on West Corridor, and Operating Building just visible to left of West Pavilion. (Stevens, 1912)



Figure 5. Postcard view, 1907.



Figure 6. Postcard view, 1920.



Figure 7. 1922 aerial of hospital campus. 1907 nurses annex, far left; 1911 nurses' dormitory, top; Power Building with smokestack (Larrabee, 2006)